	• • • • •		DIVISION OF HEA					CH	<b>YE4</b>	j
FILLUFEE	3 24 1950	STAN	DARD CERTIF	ICATE OF DEA			File No	T) (	چن. چن	<b>4</b> :
IDTU NA		REG. DIS	<sub>т. т.</sub> .318	PRIMARY REG. DIST.	1003	3 Regis	trar's No.	· .J	(	, ( <b>)</b>
IRTH NO	\TH			2 USUAL RESID	ENCE (W	here deceased li-	red. If inst			
a. COUNTY		٠.		( <u> </u>	issouri				n 9	9
b. CITY (If equalde cor OR TOWN St.	Louis	URAL and give town	c. LENGTH OF STAY (in this place) 30 y	c. CITY (If outside on St. STOWN S1	rporate limite. L. L. ui	write RURAL az . S	d give town	sbip)	•	
d. FULL NAME OF (	(If not in bosultal or it	natitution, give	street address or location)	d. STREET		rive location)	····			
HOSPITAL OR INSTITUTION	Enroute to	City H	osp. #l	ADDRESS 13	309 so.	6th St	reet	,		
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE OF	(Month)	(Day)		ear)
(Type or Print)	SYLVIA		ADALINE	SISSOM	<u> </u>	DEATH Fe			1950	
5. SEX   6.	COLOR OR RACE	7. MARRIE WIDOWE	D, NEVER MARRIED, D, DIVORCED (Specify) M	8. DATE OF BIRTH Mar. 10, 19	205	9. AGE (In yea last birthday) 44	Months	Days	Hours	
Da. USUAL OCCUPATION	N (Chia blad of mark		OF BUSINESS OR IN-	Mar. 10, 18			1	12. CIT	IZEN OF	F WH
done during most of works HOUSE-WI	ing life, even if retired)	1.95. 1.110	DUSTRY	Reynolds (	<del>-</del>		ri わ	COU	ITRY?	
3a. FATHER'S NAME		13	b. MOTHER'S MAIDEN	<del> </del>		E OF HUSBAN		E		
Calvin Gore			Tlitha Co			roe				
5. WAS DECEASED EVE Yee, no, or unknown)   (If	R IN U.S. ARMED		6. SOCIAL SECURITY	17. INFORMANT		-			ADDRI	ESS
· ····································	. 2			Goldie Conwa	ay 130	19 So. 6	th Str		==	
8. CAUSE OF DEATH	LI DISFASE OP C	מסודומאסי		ERTIFICATION					RVAL BE	
Enter only one cause per ine for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ING TO DEAT	H*(a)			<del></del>		-		
*This does not mean	ANTECEDENT C		0	ar orent	u G	ara	Mo	Le.	,	
he mode of dying, such	Morbid condition	es, if any, givin	ng DUE TO (b)		1	****		-		—
s heart fallure, asthenia, tc. It means the dis-	the underlying car	use last.	· · ·	<b>V</b> 1.	14	• • •				
ase, injury, or complica- ion which caused death.	II. OTHER SIGNI	IFICANT CON	DUE TO (c)		<del> </del>			`  <del></del>		
AND TOTAL COMMOND WINDS	Conditions contri	buting to the d								
			equaina death							_/
9a. DATE OF OPERA-	19b. MAJOR FIN		eausing death.		•			20, A	UTOPS	h.
9a. DATE OF OPERA- TION	19b. MAJOR FIN		eausing death.		•		.:	1	<u> </u>	x7. No [
TION	19b. MAJOR FIN	DINGS OF O	eausing death.	21c. (CITY, TOWN, OF	R TOWNSHIP	) (0	OUNTY)	1	<u> </u>	
TION IS. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACEO	PERATION  FINJURY (e.g., in or about	21c. (CITY, TOWN, OF		) (0	OUNTY)	1	V.	
TION  Suicide Homicide	(Specify)	21b. PLACEO home, farm, fac	n couring death. PERATION FINJURY (e.g., fm or about tory, street, office bidg., ste.)			) (C	OUNTY)	1	V.	
TION  Ita. ACCIDENT SUICIDE HOMICIDE  Itd. TIME (Mosth) OF INJURY	(Specify) ) (Day) (Year)	21b. PLACE O home, farm, fac (Hour) 21e m. WH W	FINJURY (e.g., to or about story, street, office bidg., ste)  INJURY OCCURRED ILE AT NOT WHILE AT WORK	21f. HOW DID INJUR	Y OCCUR?	· · · · · · · · · · · · · · · · · · ·	- 4	1-5	(STATE	7
TION  Ita. ACCIDENT SUICIDE HOMICIDE  Itd. TIME (Mosth)	(Specify) ) (Day) (Year)	21b. PLACE O home, farm, fac (Hour) 21e m. WH W	FINJURY (e.g., to or about story, street, office bidg., ste)  INJURY OCCURRED ILE AT NOT WHILE AT WORK	21f. HOW DID INJUR	Y OCCUR?	· · · · · · · · · · · · · · · · · · ·	- 4	1-5	(STATE	7
Cla. ACCIDENT SUICIDE HOMICIDE Cld. TIME (Mosch) OF INJURY  22. I hereby certify	(Specify) ) (Day) (Year)	21b. PLACE O home, farm, fac (Hour) 21e m. WH W	FINJURY (e.g., to or about story, street, office bidg., ste)  INJURY OCCURRED ILE AT NOT WHILE AT WORK		Y OCCUR?	· · · · · · · · · · · · · · · · · · ·	- 4	st saw	(STATE	ecea.
Cla. ACCIDENT SUICIDE HOMICIDE Cld. TIME (Month) OF INJURY  2. I hereby certify alive on	(Specify) ) (Day) (Year)	21b. PLACE O home, farm, fac  (Hour) 21e  m. WH  the deceased  , and the	FINJURY (e.g., to or about tory, street, office bidg., etc.)  INJURY OCCURRED NOT WHILE ORK AT WORK at work at death occurred at (Degree or title)	21f. HOW DID INJUR	the causes	, 19, and on the	that I lad	st saw ad above 23c.	the dece	cea IGN
TION  Cla. ACCIDENT SUICIDE HOMICIDE  Cld. TIME (Month) OF INJURY  2. I hereby certify alive on  Cla. SIGNATURE  PAR BURIAL FREM IJON, REMOVAL (Speed)	(Specify)  (Day) (Year)  that I attended  19  245. DATE	21b. PLACE O home, farm, fac  (Hour) 21e  WH  Whe decease , and the	PERATION  FINJURY (e.g., im or about story, street, office bidg., ste.)  INJURY OCCURRED AT WORK AT WORK (Degree or title)  1. (Degree or title)  1. (A. NAME OF CEMETER	211. HOW DID INJUR  211. HOW DID INJUR  19 , to  1030 P m., from  23b. ADDRESS  1300  RY OR CREMATORY	the causes  Add. LOCA	, 19, and on the	that I lad	st saw ad above 23c.	the dece	cea.
TION  Cla. ACCIDENT SUICIDE HOMICIDE Cld. TIME (Mosth) OF INJURY  2. I hereby certify alive on  Cla. SIGNATURE OF TON, REMOVAL (Specify Burial	(Specify)  (Day) (Year)  that I attended  19  245. DATE  2-11-50	21b. PLACEO home, farm, fao when the deceased, and the	FINJURY (e.g., to or about tory, street, office bidg., etc.)  INJURY OCCURRED NOT WHILE ORK AT WORK at work at death occurred at (Degree or title)	211. HOW DID INJUR  211. HOW DID INJUR  19 , to  1030 P m., from  23b. ADDRESS  1300  RY OR CREMATORY	the causes  Add. LOCA	and on the	that I laidate state wn, or com Misso	st saw ad above 22c. 2	the dece	ecea.
TION  Cla. ACCIDENT SUICIDE HOMICIDE  Cld. TIME (Month) OF INJURY  2. I hereby certify alive on  Cla. SIGNATURE  PAR BURIAL FREM IJON, REMOVAL (Speed)	(Specify)  (Day) (Year)  that I attended  19  245. DATE  2-11-50	21b. PLACEO home, farm, fao when the deceased, and the	PERATION  FINJURY (e.g., im or about story, street, office bidg., ste.)  INJURY OCCURRED AT WORK AT WORK (Degree or title)  1. (Degree or title)  1. (A. NAME OF CEMETER	211. HOW DID INJUR  19 , to  / 030 P m., from  23b. ADDRESS  / 300  RY OR CREMATORY	the causes  Add. LOCA	and on the	that I laddate state was, or com	st saw ad above 22c. 2	the dece	ign

en Char

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embaln	ned by me, or by	
	Student Embelmer	No	
corking under my personal supervision.		•	

orking under my personal supervision.

Signed Vanue P. Chupanan

Licensed Embalmer No. 4550

P. O. Address Walstin from Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.